

# THE DEBT AND MENTAL HEALTH EVIDENCE FORM V3 (DMHEF)

## USER GUIDE: ADVISERS (case work)

**It is strongly recommended that this guide is read before  
the DMHEF is used for the first time.**

**It has been written for debt advisers who are involved in case work.  
A separate guide exists for advisers who provide  
assisted self-help to clients.**

### Summary

This guide introduces debt advisers who are involved in case-work to the Debt and Mental Health Evidence Form (DMHEF) Version 3 and the Consent Form that is used with it.

A separate guide exists for advisers who provide assisted self-help to clients.

In Section 1, the guide covers the following questions:

- |                                    |  |
|------------------------------------|--|
| 1a. What is the DMHEF?             | 1e. How should the DMHEF be used?        |
| 1b. Why was the DMHEF created?     | 1f. Who developed the DMHEF?             |
| 1c. What evidence does it collect? | 1g. Which creditors recognise the DMHEF? |
| 1d. Who can use the DMHEF?         | 1h. Is the DMHEF copyrighted?            |

In Section 2, the guide describes in detail the ten steps that advisers should take when using the DMHEF and its accompanying Consent Form.

In Section 3, the guide considers advisers' responsibilities under the Data Protection Act 1998 when using the DMHEF to collect medical evidence.

In Section 4, the guide provides answers to a series of other 'Frequently Asked Questions'.

### Resources

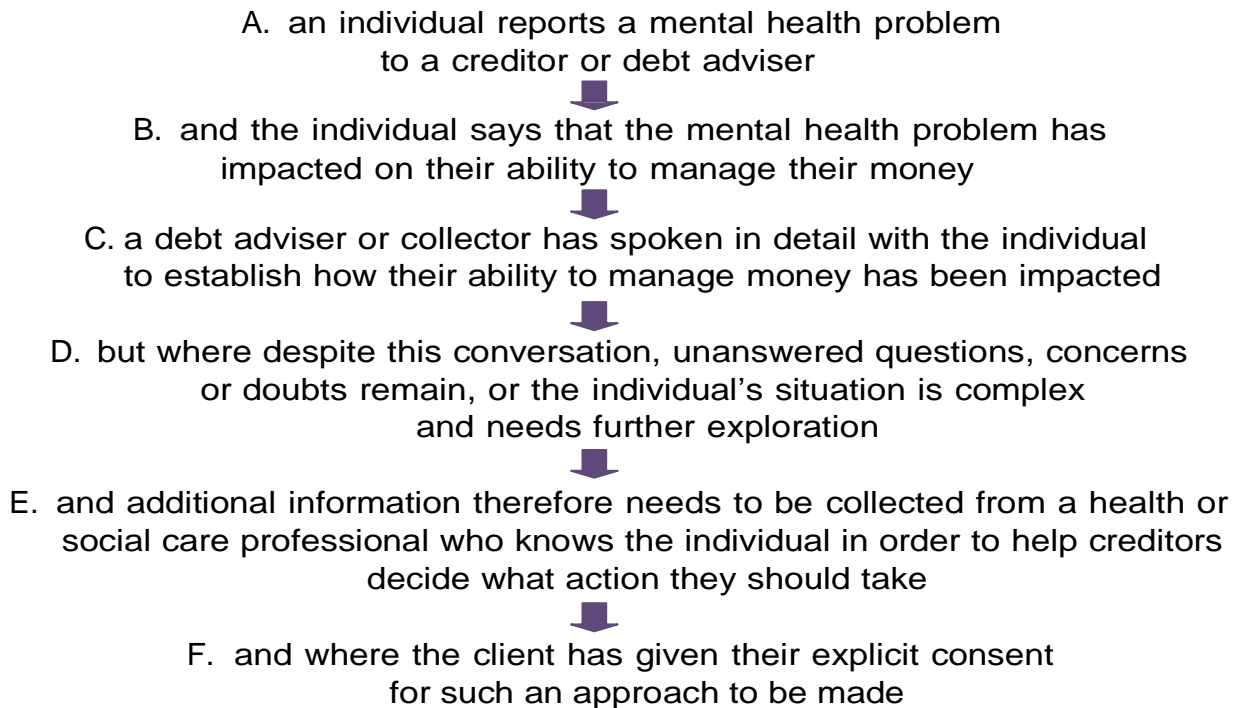
The DMHEF V3, the accompanying Consent Form, this User Guide, and a one-page 'user flowchart' can all be downloaded at:

[www.malg.org.uk](http://www.malg.org.uk)  
[www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

## Section 1

### 1a. What is the DMHEF?

The DMHEF is a standardised form that can help creditors or debt advisers collect high-quality and relevant medical evidence. It is used most effectively when:



The DMHEF should not automatically be used every time an individual reports a mental health problem. Instead, before making the decision to use the DMHEF, creditors and advisers should stop and consider whether:

- (a) they could collect the information they need simply by talking in more detail with the individual about the reported situation;
- (b) the time and resources it will take for the information to be collected is proportionate to the potential action being considered (e.g. if a relatively minor action is being considered, does this really require medical evidence to be collected?).

#### The Consent Form

The DMHEF is accompanied by a Consent Form – this must be read, signed and completed by the client (or a third-party with the authority to act on their behalf).

By doing this, the client is giving their explicit consent for a health or social care professional to complete the DMHEF. This is explained in more detail on P6-P9.

If the Consent Form is not (a) completed and signed by the client and (b) shown to the health or social care professional, they are highly likely to refuse to complete the DMHEF.

## 1b. Why was the DMHEF created?

The DMHEF has been created in response to reports from adviser and creditor organisations about difficulties in:

- collecting relevant and high-quality medical evidence from health or social care professionals
- which could help the adviser or creditor organisation identify better and fairer decisions on what action to take when an individual reports that a mental health problem is affecting their ability to manage their money

The current version of the DMHEF is Version 3. It was launched on the 28<sup>th</sup> of November 2012. Previous versions of the DMHEF should no longer be used.

## 1c. What evidence does the DMHEF collect?

The DMHEF asks eight basic questions (BOX 1). When completed by a health or social care professional who knows the individual, the DMHEF can provide relevant information about:

- how an individual's mental health problem affects their ability to manage their money
- any communication, support, or other relevant needs that the debt adviser and creditor should take into account.

### BOX 1 The eight DMHEF questions

The DMHEF invites the health or social care professional to answer eight questions:

- Q1. what is your relationship with the person reporting the mental health problem?
- Q2. does the person have a mental health problem?
- Q3. what is this mental health problem? If it has a name or diagnosis, what is it?
- Q4. does the person have a mental health problem that affects their ability to manage their money?
- Q5. if the person is receiving treatment or support for this mental health problem, does the treatment or support affect their ability to manage their money?
- Q6. when communicating with the person, are there any special circumstances that a creditor needs to take into account?
- Q7. what was the approximate date when (a) this mental health problem first started, (b) the first treatment was given, (c) the most recent episode took place, and (d) is the episode on-going?
- Q8. is there anything else we should know about the person?

#### 1d. Who can use the DMHEF?

The DMHEF can be used by debt advisers (a) in situations where the adviser is working on behalf of a client (case work) or (b) where the adviser is guiding an individual who is managing their own debt situation, including the communication and negotiation with creditors (assisted self-help).

The DMHEF can be used by creditors in situations where their customer agrees to collect medical evidence from a health or social care professional, and to then share this with the creditor.

The DMHEF is usually always given to a client by a debt adviser, or a customer by a creditor. However, members of the public may become independently aware of the DMHEF, and may arrange for a completed DMHEF to be submitted.

If this happens, the adviser or creditor should (a) check that the DMHEF is correctly completed by a health or social care professional (including a 'service stamp' or equivalent to verify its authenticity) and (b) use the completed DMHEF to start a conversation with that individual about their situation.

The DMHEF has not been designed for independent use by individuals who are either not receiving the assistance of a debt adviser, or who have not been issued a DMHEF by their creditor. We would recommend that individuals in this situation should always get the help of a debt adviser (see P16-P17 for contact details).

#### 1e. How should the DMHEF be used?

There are ten steps that need to be taken when a debt adviser involved in case-work uses the DMHEF. These are described in detail on P6-P9.

When using the DMHEF, advisers also need to be aware of their responsibilities under the Data Protection Act (1998) in regards to processing health data. These are discussed in detail on P10-P11.

However, the Information Commissioner's Office has reviewed the DMHEF, and has approved it as keeping to the Data Protection Act 1998 (BOX 2).

##### **BOX 2 Information Commissioner's Office statement**

The following statement has been provided by the Information Commissioner's Office about the DMHEF:

"It is important that creditor organisations and debt advisers have up-to-date, relevant and accurate information about consumers who have mental health problems.

It is equally important that users of such information remain aware of the sensitivity of the data they are collecting, keep it secure, and use it only for the stated purpose.

The DMHEF version 3 is a tool that enables the collection of this information, and it is clear that careful thought has gone into its design.

We welcome the opportunity to have reviewed the form and accompanying Guidelines and we are sure that the form can be used in a manner consistent with the principles of good data handling as set out in the Data Protection Act 1998."

#### **1f. Who developed the DMHEF?**

The DMHEF has been developed by the Royal College of Psychiatrists and the Money Advice Liaison Group, in collaboration with creditors, debt advice agencies, mental health and social care professionals/organisations, people with experience of mental health and debt problems, and carers.

#### **1g. Which creditors recognise the DMHEF?**

The DMHEF is recognised in the Lending Code (sponsored by the British Bankers' Association, Building Societies Association, and The UK Cards Association), the Finance and Leasing Association's Lending Code, the Credit Services Association's Code of Practice.

It is recognised in The Financial Conduct Authority's Occasional Paper No 8 - on Consumer Vulnerability.

No agency or individual from the advice, creditor, or health/social care sectors is obliged to use the DMHEF. It has been designed as a voluntary tool to improve the collection of information.

#### **1h. Is the DMHEF copyrighted?**

MALG and the Royal College of Psychiatrists hold the copyright to the DMHEF. However, you are encouraged to use, photocopy, or disseminate the DMHEF in its entirety, as long as this is for non-profit making purposes only. If you wish to revise, alter, or reproduce questions from the DMHEF for any purpose, you will need to obtain the permission of MALG and the Royal College of Psychiatrists.

## How should debt advisers use the DMHEF?

### 2a. Overview: the ten steps

There are ten steps involved in a debt adviser using the DMHEF when conducting case work on behalf of a client:

1. a mental health problem is identified
2. the adviser finds out more about this
3. the adviser decides whether medical evidence is needed
4. the adviser explains to the client how the evidence will be used, and gets their explicit consent to collect evidence for this purpose
5. the client reads and signs the Consent Form
6. the adviser sends a 'DMHEF pack' to the health or social care professional
7. the health or social care professional completes the DMHEF, and returns this (and the Consent Form signed by the client) in the stamped addressed envelope to the adviser
8. the adviser receives the completed DMHEF and client Consent Form, and decides what action to take in light of this
9. the adviser gives a copy of the completed DMHEF to the client, and discusses the options with them
10. the adviser sends copies of the DMHEF (and Consent Form) to creditors

### 2b. The ten steps: detailed description

#### Step 1 a mental health problem is identified

The client tells the adviser that they have a mental health problem that is affecting their ability to manage their money.

#### Step 2 the adviser finds out more about this

The adviser discusses with the client:

- how the mental health problem affects their ability to manage money
- how the mental health problem affects their ability to communicate with their creditors
- whether anyone helps the client manage their finances (such as a family member)

By asking a range of questions (not just limited to the above), the creditor should aim to develop a good understanding of the client's situation.

### Step 3 the adviser decides whether medical evidence is needed

By this point, the adviser should have spoken with the individual to establish how their ability to manage money has been impacted by the reported mental health problem.

If collecting medical evidence is likely to assist the individual's situation, the adviser may decide that medical evidence needs to be collected.

It may not be necessary to collect medical evidence to achieve some actions. For example most creditors are obliged to offer a breathing space, consider reasonable offers, and not harass a client regardless of whether or not the client has a mental health condition.

When taking this decision, the adviser should check whether the client has recently collected any medical evidence about their mental health problem (e.g. in response to a previous request from another creditor) either using the DMHEF or another method. If so, there may not be a need to collect 'fresh' medical evidence.

### Step 4 the adviser explains to the client how the evidence will be used, and gets their explicit consent to collect evidence for this purpose

Firstly, the adviser will need to explain to the client how the medical evidence collected from the health and social care professional will be used. This includes an explanation of why the adviser wishes to collect this data, what the data will be used for, who the evidence might be shared with (e.g. the creditor and possibly the creditor's agent), how it will be securely stored, and how long it will be stored for. Without this explanation, the client cannot know what they are consenting to, and consent therefore cannot be properly obtained.

Secondly, the adviser will need to ask the client if they understand this explanation, and allow them to ask questions if necessary to clarify any points.

Thirdly, after doing this, the adviser should ask the client for their explicit consent to process their information in this way. There may be additional steps or actions that your organisation requires you to take to record this explicit consent (see P10). However, you should always ask the client to read, complete and sign the Consent Form that accompanies the DMHEF (Step 5).

### Step 5 the client reads, signs and returns the Consent Form

By reading, signing, and returning the Consent Form to the adviser, the client is giving their explicit consent for the health or social care professional to complete the DMHEF.



Unless the Consent Form is completed and signed, the health or social care professional should not complete the DMHEF.

The adviser should be aware that before signing the Consent Form, the client may want to ask the adviser further questions about the DMHEF, including what will happen to their information, or with whom it might be shared.

It is important for the adviser to remember that the Consent Form can also be completed and signed by a third party authorised to act on their behalf.

When completing the Consent Form, the client is asked to nominate a health or social care professional to approach for evidence. This person should be someone who knows the client in a professional capacity. This professional could be a general practitioner, psychiatrist, nurse, psychologist, occupational therapist, social worker or another member of the health and social care 'team'.

**Step 6** the adviser sends a 'DMHEF pack' to the health or social care professional

The adviser will need to prepare the following 'DMHEF pack':

- a blank DMHEF version 3
- the Consent Form that was completed and signed by the client
- a stamped addressed envelope (with the advice service's contact address on it)

You may wish to draft your own covering letter to accompany these materials. You should write your client's contact details, the name of your organisation and any reference number on the front of the DMHEF.

You should then send the DMHEF pack to the nominated health or social care professional.

**Step 7** the professional completes and returns the DMHEF and signed Consent Form to the adviser

The health and social care professional completes, signs and stamps the DMHEF, and then returns this to the adviser in the stamped addressed envelope (along with a copy of the Consent Form signed by the client).

**Step 8** the adviser receives the completed DMHEF and client Consent Form, and decides what action to take in light of this

On its receipt, the adviser should read and check the DMHEF (ensuring it is signed and stamped by the health or social care professional to authenticate its completion and combat fraud).



The DMHEF will contain information that should not only be shared with creditors, but which could help improve your understanding of the client's situation, and your relationship with them.

The adviser should take into account the information in the DMHEF to help make a decision on what action to take next. For credible information on a range of mental health problems, please visit [www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

**Step 9** the adviser gives a copy of the completed DMHEF to the client

The creditor should give a photocopy of the completed DMHEF to the client as soon as possible, as they will want to see what has been written about their mental health problem.

**Step 10** the adviser gives copies of the DMHEF (and Consent Form) to creditors

If the completed DMHEF contains relevant and useful information, you should send a photocopy of the completed DMHEF to all appropriate creditors of your client.

If the completed DMHEF does not contain any relevant information, but an organisation specifically requested that a DMHEF was completed, you should (a) inform the organisation that requested this information that the client will not be providing evidence (and give a reason for this) and (b) discuss this decision with the client.

You should supply your client with a list of all the creditors to whom the completed DMHEF has been sent. These actions will ensure that the client has full knowledge of what information has been provided about them and to whom.

# The Data Protection Act 1998

## 3a. Overview: adviser responsibilities

Advisers should be familiar with their responsibilities under the Data Protection Act 1998. These include (but are not limited to):

- obtaining explicit consent from the individual to collect evidence
- ensuring that record management is compliant with the Act - before using medical evidence that has been previously stored, the adviser must check this evidence is still accurate, relevant and timely
- destroying any medical evidence that is no longer accurate, relevant or timely

## 3b. Explicit consent

A key responsibility for advisers under the Data Protection Act 1998 is ensuring that a client has received an explanation of how their information will be processed, and that they have given their explicit consent for this processing to take place.

Explanations given by advisers to clients about how their information will be processed should cover why their data is being collected, and how (and when) their data will be recorded, used, shared, stored and deleted.

To confirm that they (a) understand this explanation and (b) agree to their data being processed in this way, the adviser should ask the client to give their explicit consent.

There are numerous ways in which your organisation may wish to record this explicit consent for your own internal purposes (see below). However, the client should always be asked to read, complete and sign the Consent Form and the adviser must ensure it accompanies the DMHEF when the documents are submitted to the health or social care professional.

This Consent Form is always sent with the DMHEF to the health and social care professional, and indicates to the professional that the client has given their explicit consent for the professional to complete the DMHEF. Unless the Consent Form is completed and signed, the health or social care professional should not complete the DMHEF.

As noted above, your organisation needs to record the client's explicit consent for internal purposes. Provided you receive it from the client, you may indeed do this. Sometimes this is obtained by telephone; sometimes during a face-to face interview; sometimes it is received in writing. Whatever the method, organisations should have evidence to demonstrate that explicit consent was given, and that this was acquired in a fair and lawful manner.

Finally, once explicit consent has been obtained this will authorise you to store information about the individual on the basis that (a) this information will be securely stored and (b) it will be destroyed when no longer relevant.

### 3c. Record management

To comply with the Data Protection Act 1998, information should be kept on file for no longer than is necessary.

In practice, you must judge each case individually. For some individuals, episodes of poor mental health (which affect their ability to manage their money) may last for several months, while for others this could be longer. Consequently, you need to:

- review the information you hold about a client
- assess whether that information still needs to be held<sup>1</sup>
- assess the likelihood that the information is still relevant and accurate

If information is no longer relevant or accurate, it should be either updated or securely destroyed or archived for future destruction. We strongly recommend that you proactively notify creditors or their agents of any changes in the nature of their customer's mental health as promptly as possible, since lenders are permitted to use relevant and accurate existing information on file to assess applications for further credit.

We recommend to advisers that rather than using the DMHEF to routinely or automatically update their information about the client's mental health problem, they should ideally ask the client to provide this information. However, if there is a need to obtain medical evidence (e.g. the client incurs a new debt), and the client's situation has changed, then the DMHEF may be used to collect this medical evidence. Due regard should be given to the Financial Conduct Authority (FCA)'s Consumer Credit Sourcebook on "Mental Capacity CONC Rule 2.10(see also P12).

We strongly recommend that advisers refer to The MALG/Royal College of Psychiatrists' Briefing Note 4 that covers the issue of 'explicit consent' under The Data Protection Act in depth. It was issued on 3<sup>rd</sup> April 2013 and is entitled "Appropriately processing data from individuals with mental health problems under the Data Protection Act (1998).

<http://www.malg.org.uk/briefing.html>

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<sup>1</sup> In such cases relevant information about the mental health of the individual should be retained throughout the period of the debt only.

## Frequently Asked Questions (FAQs)

### 4a. What should happen if the client refuses to give their explicit consent?

If a client is unwilling to give their explicit consent (including explicit consent to complete the Consent Form), then the process cannot continue.

The only exception may be if a third party is legally authorised to give consent on the behalf of a client (for example, in cases where the client lacks the mental capacity to make such a decision).

Health and social care professionals should not complete the DMHEF unless the consumer has given their explicit and written consent for this to happen.

The Information Commissioner's Office has made it clear that the responsibility rests with the health professional who should not complete the DMHEF without the consent of their patient.

### 4b. What, if any, bearing does the Financial Conduct Authority (FCA)'s Consumer Credit Sourcebook CONC Rule 2.10 "Mental Capacity" have on the processing of the DMHEF?

Much of the Office of Fair Trading's Guidance "Mental Capacity- Guidance for Creditors" has been transferred to the FCA Credit Sourcebook.

The law relating to mental capacity differs across the UK. In England and Wales, advisers should be familiar with the Mental Capacity Act 2005. In Scotland, the Adults with Incapacity (Scotland) Act 2000 applies. Northern Ireland does not have specific legislation relating to mental capacity and common law applies.

### 4c. Why doesn't the DMHEF contain a question asking the health or social care professional to estimate when an individual is likely to recover/return to work?

We understand that information about when a client is likely to recover from their mental health problem/return to work would be valuable to some advisers and creditors.

However, estimates or 'prognoses' of such recovery/return to work are extremely difficult for health and social care professionals to provide:

1. Making a useful and accurate prognosis can be very difficult – consequently, health and social care professionals may be reluctant to make a statement about the likely progression of a person's mental health problem. This may particularly be the case if they do not know the patient (or their wider medical or social circumstances) well.

2. Individuals often experience mental health problems in different ways – for example, even though clinical guidelines might indicate that depression usually lasts up to a certain number of months, with the chance of repeated episodes afterwards, there will be large numbers of people who do not have this experience.
3. the inter-relationship between mental and physical health can complicate reaching an accurate prognosis – this adds an additional factor to the consideration. It also could involve an examination of the patient (which would require time, resources, and possibly payment).
4. there will be other social and economic factors (often unknown to the health or social care professional) that will impact on a person's recovery from a mental health condition, and which are difficult to incorporate into a prognosis.

Overall, making an accurate and useful prognosis can be very challenging for health and social care professionals. Furthermore, there is the probability that such a prognosis could be inaccurate, which would not help the creditor recover the debt or the individual get on top of their financial and mental health situation.

Consequently, the DMHEF does not include a 'prognosis question'.

#### 4d. What about people with debt and mental health problems who are not in contact with a health or social care professional?

The DMHEF relies on information being collected from a health or social care professional. However, not every client may be in contact with such a professional.

In these situations, an adviser may wish to recommend that an individual either registers or re-establishes contact with a General Practitioner.

It is important to remember that although an individual does not have contact with a health or social care professional, they may still have a mental health problem.

If a client needs urgent assistance, or is in crisis as a direct result of the current state of their mental health, they (or the person working with them) should contact the Samaritans, Saneline, or the Rethink Advice Line (numbers under Part 5). If they, or anyone else, are in immediate danger of harm, the police emergency number (999) should be called.

If the need is less urgent, the individual concerned or the person working with them can still call the above organisations or call NHS Direct. Alternatively, the person can visit their General Practitioner.

Advisers should also consult and become familiar with their own internal policies on dealing with such emergencies.

4e. What happens if the client, having sight of the completed DMHEF from their health or social care professional, wishes to make a personal comment or statement about the information given?

The client can either write or (if the adviser can support this) dictate a personal comment or statement. This should be passed on to the individual's creditors.

There is no longer any actual space allowed for such comments on the DMHEF, but this should not discourage individuals to comment if they wish.

4f. Should a Common Financial Statement be submitted at the same time as the DMHEF?

This is not a mandatory part of the DMHEF process – the decision therefore rests with the adviser.

## 5. Useful Sources of Information

### Useful resources

#### Advice UK

UK network of advice and information agencies  
020 7469 5700 [www.adviceuk.org.uk](http://www.adviceuk.org.uk)

#### Advice NI

Leadership, representation and support to independent advice organisations in Northern Ireland.  
028 9064 5919 [www.adviceni.net](http://www.adviceni.net)

#### Citizens Advice

Independent charities providing advice and information across the UK. Details of individual bureaux are available at:  
England and Wales: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)  
Scotland: [www.cas.org.uk](http://www.cas.org.uk)  
Northern Ireland: [www.citizensadvice.co.uk](http://www.citizensadvice.co.uk)

#### Money Advice Service

Telephone advice for clients eligible for Legal Aid, and hosts national directory of advice providers.  
0845 345 4 345 <http://moneyadviceservice.org.uk>

#### StepChange Debt Charity (formerly The Consumer Credit Counselling Service)

Charity helping people who are over-indebted through free, independent, and realistic support.  
0800 138 1111 [www.stepchange.org](http://www.stepchange.org)

#### Law Centres

Independent organisations that employ lawyers and specialist advisers to assist clients in court.  
[www.lawcentres.org.uk](http://www.lawcentres.org.uk)

#### Money Advice Scotland

Can provide details of advice agencies in Scotland providing free, independent, confidential advice.  
0141 572 0237 [www.moneyadvicescotland.org.uk](http://www.moneyadvicescotland.org.uk)



## National Debtline

Free, confidential and independent telephone advice on how to deal with debt problems.

0808 808 4000 [www.nationaldebtline.co.uk](http://www.nationaldebtline.co.uk)

## NHS information/helplines

24-hour nurse advice and health information service, providing confidential information on what to do if you or your family are feeling unwell; particular health conditions; local healthcare services.

England & Scotland- NHS 111: is the non-urgent number for out of hours care and information

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Wales - NHS Direct: 0845 46 47 [www.nhsdirect.wales.nhs.uk/](http://www.nhsdirect.wales.nhs.uk/)

(Northern Ireland web-based information service

- <http://www.nidirect.gov.uk/check-ups-appointments-and-emergencies>

## Payplan

Provides a free debt management service to people with debt problems.

0800 280 2816 [www.payplan.com](http://www.payplan.com)

## Rethink National Advice Service

Advice for people with mental health problems.

0300 5000 927 [www.rethink.org/advice](http://www.rethink.org/advice)

## Royal College of Psychiatrists

The Royal College of Psychiatrists delivers programmes which make a difference to the everyday lives of people with mental health problems, and those working with them. Since 2006, we have run a research and intervention programme addressing the relationship between financial difficulties and mental health, including information for creditors and debt advisers.

[www.rcpsych.ac.uk/debt](http://www.rcpsych.ac.uk/debt)

## Samaritans

Support 24 hours a day. [www.samaritans.org](http://www.samaritans.org)

UK 08457 90 90 90

Republic of Ireland 1850 60 90 90

## SANELINE

National, out-of-hours mental health helpline providing support and information.  
0845 767 8000 [www.sane.org.uk](http://www.sane.org.uk)

## StepChange Debt Charity (formerly The Consumer Credit Counselling Service)

Charity helping people who are over-indebted through free, independent, and realistic support.

0800 138 1111 [www.stepchange.org](http://www.stepchange.org)